

Contract Number: 05-DS-2N-02-47-01-065  
CFDA Number: 97.004

### MODIFICATION #1 TO AGREEMENT

This Modification is made and entered into by and between the State of Florida, Department of Community Affairs (hereinafter referred to as the "Department"), and Leon County Board of County Commissioners (hereinafter referred to as the "Recipient"), to modify the Department of Community Affairs contract number 05-DS-2N-02-47-01-065, dated July 1, 2004 ("the Agreement").

WHEREAS, the Department, with headquarters in Tallahassee, Florida, and the Recipient have entered into the Agreement, pursuant to which the Department has provided a sub grant of \$182,674 to Recipient;

WHEREAS, the Agreement expires on September 30, 2005; and

WHEREAS, the Department and the Recipient desire to modify the Agreement by extending it.

NOW, THEREFORE, in consideration of the above, the parties agree to modify the above-referenced Agreement as follows:

1. Paragraph (3) of the Agreement is hereby deleted in its entirety, and the following paragraph substituted in its place and stead for all intents and purposes:

This Agreement shall begin July 1, 2004, and shall end October 31, 2005, unless terminated earlier in accordance with the provisions of paragraph (9) of this Agreement.

2. All provisions of the Agreement being modified and any attachments thereto in conflict with this Modification shall be and are hereby changed to conform with this Modification, effective as of the date of the last execution of this Modification by both parties.

3. All provisions not in conflict with this Modification remain in full force and effect, and are to be performed at the level specified in the Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this modification to be executed by the undersigned officials as of the date listed below.

LEON COUNTY, FLORIDA

BY: \_\_\_\_\_

Cliff Thael, Chairman

Board of County Commissioners

ATTEST:

Bob Inzer, Clerk of the Court

Leon County, Florida

BY: \_\_\_\_\_

Approved as to Form:

Leon County Attorney's Office

By: \_\_\_\_\_

Herbert W.A. Thiele, Esq.

County Attorney

SAMAS # \_\_\_\_\_ FID# 59-6000708

STATE OF FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS

BY: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_